



Handwritten: *D* *RCE*

<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b>  Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).	Application Number	10/715,561
	Filing Date*	November 19, 2003
	First Named Inventor	Kazuhiro UKIDA et al
	Group Art Unit	3611
	Examiner Name	J. Silberman
	Attorney Docket No.	UKID3001/BEU

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.  
**NOTE:** \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- ☒ a. **The Amendment/Reply filed on (date): FILED CONCURRENTLY HEREWITH**
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The arguments in the Brief/Reply Brief filed on (date):
- ☐ d. The \_\_\_ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☐ e. Other:

☒ 2. **A one- month Petition for Extension of Time is filed herewith.**

☐ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.

☒ 4. **A check in the amount of \$ 910 (\$790 - RCE/\$120- Petition Fee) is submitted herewith.**

☐ 5. This Request is transmitted by facsimile to number (703) \_\_\_\_\_.

☐ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$790.00
Total Claims:		-	(highest number previously paid for) =	X \$50 =	
Independent Claims:		-	(highest number previously paid for) =	X \$200 =	
Correspondence Address:  23364 Customer Number				Multiple Dependent Claim (add \$360.00):	
				Subtotal:	\$790.00
				50% Reduction if Small Entity Status:	
Phone: 703-683-0500 Fax: 703-683-1080				Total:	\$790.00
Date:	Name:		Signature:		Reg. No.
March 14, 2007	Benjamin E. Urcia				33,805

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(09Dec04)

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